ADA PUBLIC ACCOMMODATION REQUEST FORM

In order for the University to address your request, the request must be received a minimum of 5 days prior to the event.

Please notify Shari Wilson, ADA Coordinator in the Office of Compliance and Ethics at 813-974-0068 within 48 hours if you are unable to attend the event and wish to cancel the requested accommodation.

1. Applicant Name: ____________________________________________
   Phone: _______________ E-mail: ________________________________

2. Event Name: ___________________________ Date: ______ Time: ______
   Location: __________________________________________________
   Sponsor of Event: ______ non-USF   _____ USF Dept
   Name of Sponsor ____________________________ Phone: ____________
   ☐ I do not have this information, it is a public event.

3. Requested Accommodation(s):
   ☐ ASL Interpreter     ☐ Braille     ☐ Event Program Info
   ☐ Assistive Learning System     ☐ Wheelchair Accessible     ☐ Visual Aids
   ☐ CART     ☐ OTHER Describe: ________________________________

   Accommodation Request Details and/or Comments
   
   (NOTE: Personal assistants are not provided by the University. If you will have someone with you that needs to be seated/located with you, please check this box ☐)

   _______________________________ __________________________
   Signature                          Date

   ☐ Delivered to: 4202 E. Fowler Avenue, ALN 172, Tampa, FL 33612
   Or FAX to: 813-974-4375,
   Or E-mail to: sdwilson@usf.edu

OCE/ADA/ ADA ACCOMMODATION REQUEST FORM